



## FOSTER GRANDPARENT PROGRAM APPLICATION & ENROLLMENT FORM

Date of Application:		
Name of Volunteer (first and last):		Maiden Name or other Alias:
Mailing Address (street, apt#, city, state, zip code):		
Telephone:		Message Number:
Social Security Number:	Male/Female:	Date of Birth
<b>Please circle whether you drive and can provide your own transportation:</b>		Yes or No
Driver's License Number:		Expiration Date:
Languages spoken other than English:		
Other experience relating to FGP and why you would like to become an FGP volunteer: _____ _____		
Please circle your volunteer preference time: <div style="display: flex; justify-content: space-around; margin-top: 5px;"><span>Morning</span><span>Afternoon</span><span>No Preference</span></div>		

### MONTHLY INCOME (Confidential)

Number of people living in your household including yourself: \_\_\_\_\_  
Include all sources and amounts for yourself & other living in your household:

Social Security:	Supplement Security Income (SSI):
Pension/Retirement:	Net Rent (paid to you):
Saving Account Interest:	Stocks/Bonds:
Salary or Wages:	Other:
	<b>Total Monthly Income</b>
	<b>Total Monthly Income X 12 months=</b>

Please list two character references that are **Not** related to you.

Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone #: _____	Phone #: _____

### EMERGENCY CONTACT INFORMATION

Name of Contact Person: _____	Phone Number _____
Address: _____	Relationship to you: _____

### INSURANCE BENEFICIARY

You **MUST** name a beneficiary for **OUR** insurance carrier in case of accidental death or dismemberment while volunteering:

Name: _____	Phone Number: _____
Address: _____	City/State/Zip: _____
Previous Occupation: _____	Hobbies and/or General Interests: _____

Have you ever been convicted of anything other than minor traffic violations? Yes or No  
If yes, please explain:

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### Certification

*I fully understand that, if accepted into the Foster Grandparent Program, I am a volunteer in the program and not an employee of the State of Arizona. Also, as a volunteer, I realize that I receive a tax-free stipend and not a taxable wage for my volunteer efforts. If I drive, I certify that I am covered and will maintain the Arizona State minimum automobile liability insurance.*

*I hereby certify that under penalty of perjury that the answers given above is true and correct to the best of my knowledge and belief and agree to have a background check completed is required.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this form to:**  
Mary Weston, Project Director  
Foster Grandparent Program  
1789 W. Jefferson St. 950A  
Phoenix Arizona 85007

(602) 542-4446  
(602) 364-1942 (Direct Line)  
(602) 542-6575 (Fax Number)

VOLUNTEER STATION: \_\_\_\_\_

ENROLLMENT DATE: \_\_\_\_\_

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